

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Albermarle</u> Township of <u>Ironside</u> OR Inc. Town of OR City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">9631</div>	
Registration District No. Registered No. <u>28</u> (For use of Local Registrar)		St. Ward)			
(2) Full Name of Child <u>Jessie Redway</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 29 22</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>James Pate</u> (9) PRESENT POSTOFFICE OF FATHER <u>Ironside S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Year) (12) BIRTHPLACE <u>Elbert Co.</u> (13) OCCUPATION <u>Iron Side</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Wm Redway</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Ironside S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>13</u> (Year) (18) BIRTHPLACE <u>Elbert Co.</u> (19) OCCUPATION <u>School Girl</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Rosa Lee Pate</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report 19 Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Apr 10 22</u> (28) <u>J. M. D. S. S. S.</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					

RECEIVED BY COLUMBIA, S. C.